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# FAX TRANSMISSION

DATE: April 4, 2006

PTO IDENTIFIER: Application Number 09/810559-Conf. #6255  
Patent Number

Inventor: Robert S. HOGLUND et al.

MESSAGE TO: US Patent and Trademark Office

FAX NUMBER: (571) 273-8300

FROM: WILMER CUTLER PICKERING HALE AND DORR LLP

Irah H. Donner

PHONE: (212) 230-8800

Attorney Dkt. #: 0110275.04500US2

PAGES (Including Cover Sheet): 37

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Amendment (30 pages)  
Fee Transmittal (1 page)  
Three Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)  
Applicant Initiated Interview Request (1 page)  
Request for Continued Examination Transmittal (1 page)  
Certificate of Transmission (1 page)  
  
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PTO/SB/97 (09-04)

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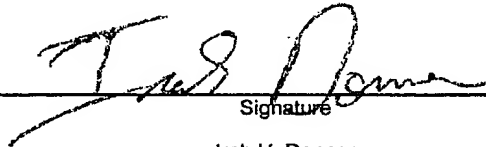
Application No. (if known): 09/810559

Attorney Docket No.: 0110275.04500US2

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Date



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Amendment Transmittal (1 page)  
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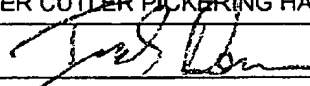
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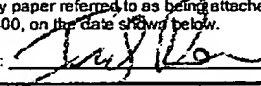
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<b>TRANSMITTAL FORM</b>  <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/810559-Conf. #6255
		Filing Date	March 19, 2001
		First Named Inventor	Robert S. HOGLUND
		Art Unit	2151
		Examiner Name	H. A. Phillips
Total Number of Pages in This Submission	36	Attorney Docket Number	0110275.04500US2

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Request for Continued Examination Applicant Initiated Interview Request Fax Cover Sheet Certificate of Facsimile Transmission
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	WILMER CUTLER PICKERING HALE AND DORR LLP		
Signature			
Printed name	Ira H. Donner		
Date	April 4, 2006	Reg. No.	35,120

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Dated: April 4, 2006	Signature:  (Ira H. Donner)

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### Applicant Initiated Interview Request Form

Application No.: 09/810559-Conf. #6255 First Named Applicant: Robert S. HOGLUND  
Examiner: H. A. Phillips Art Unit: 2151 Status of Application: Published

**Tentative Participants:**

(1) Irah H. Donner (2) \_\_\_\_\_  
(3) \_\_\_\_\_ (4) \_\_\_\_\_

Proposed Date of Interview: \_\_\_\_\_ Proposed Time: \_\_\_\_\_ (AM/PM)

**Type of Interview Requested:**

(1) ☐ Telephonic (2) ☒ Personal (3) ☐ Video Conference

Exhibit To Be Shown or Demonstrated: ☐ YES ☒ NO

If yes, provide brief description: \_\_\_\_\_

### Issues To Be Discussed

Issues (Rej., Obj., etc)	Claims/ Fig. #s	Prior Art	Discussed	Agreed	Not Agreed
(1) <u>Rej.</u>	<u>66-130</u>	<u>Coskrey</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) _____	_____	<u>Choquier</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Continuation Sheet Attached

**Brief Description of Arguments to be Presented:**

Differentiation of present invention over the prior art.

An interview was conducted on the above-identified application on \_\_\_\_\_

**NOTE:**

This form should be completed by applicant and submitted to the examiner in advance of the interview (see MPEP §713.01).

This application will not be delayed from issue because of applicant's failure to submit a written record of this interview. Therefore, applicant is advised to file a statement of the substance of this interview (37 CFR 1.133(b)) as soon as possible.

Irah H. Donner  
Applicant/Applicant's Representative Signature

\_\_\_\_\_  
Examiner/SPE Signature

Irah H. Donner  
Typed/Printed Name of Applicant or Representative

35,120  
Registration Number, if applicable

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<b>FEE TRANSMITTAL</b> <b>For FY 2006</b>		<b>Complete if Known</b>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	09/810559-Conf. #6255
<b>TOTAL AMOUNT OF PAYMENT</b> (\$ ) 1,810.00		Filing Date	March 19, 2001
		First Named Inventor	Robert S. HOGLUND
		Examiner Name	H. A. Phillips
		Art Unit	2151
		Attorney Docket No.	0110275.04500US2

**METHOD OF PAYMENT** (check all that apply)

☐ Check  
 ☐ Credit Card  
 ☐ Money Order  
 ☐ None  
 ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account  
 Deposit Account Number: 08-0219  
 Deposit Account Name: Wilmer Cutler Pickering Hale and Dorr LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below  
 ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17  
 ☒ Credit any overpayments

**FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

**Total Claims**    **Extra Claims**    **Fee (\$)**    **Fee Paid (\$)**    **Multiple Dependent Claims**  
 65    - 85 =    x    =    **Fee (\$)**    **Fee Paid (\$)**

HP = highest number of total claims paid for, if greater than 20.

**Indep. Claims**    **Extra Claims**    **Fee (\$)**    **Fee Paid (\$)**  
 3    - 6 =    x    =

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

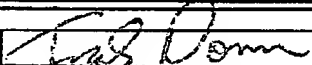
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

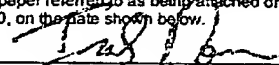
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
100	0	0	0	0

- 100 =    /50    (round up to a whole number) x    =

**4. OTHER FEE(S)**

Description	Fee (\$)	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)		
Other (e.g., late filing surcharge): 1253 Extension for response within third month	1,020.00	
1801 Request for continued examination (RCE) (see 37 ...)	790.00	

<b>SUBMITTED BY</b>			
Signature		Registration No. (Attorney/Agent)	35,120
Name (Print/Type)	Ira H. Donner	Telephone	(212) 230-8800
		Date	April 4, 2006

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